



**Testimony in Support of Raised H.B. 6616  
(AN ACT CONCERNING EXPANSION OF HUSKY HEALTH BENEFITS TO THOSE  
INELIGIBLE DUE TO IMMIGRATION STATUS)**

By Jay E. Sicklick, Deputy Director, Center for Children's Advocacy  
February 14, 2023

Senator Lesser, Representative Gilchrest, Ranking members Seminara and Case, and members of the Human Services Committee: thank you for providing the **Center for Children's Advocacy** ("CCA") an opportunity to submit testimony in support of Raised H.B. 6616, **An Act Concerning Expansion of HUSKY Health Benefits to Those Ineligible Due To Immigration Status**. I am the Deputy Director of the Center for Children's Advocacy ("CCA") and an attorney who has worked for the past twenty-three years on issues involving children's health and child welfare in Connecticut. CCA is the largest non-profit legal organization in New England devoted exclusively to protecting and advocating on behalf of the legal rights of children. CCA is affiliated with the University of Connecticut School of Law and provides holistic legal services for poor children in Connecticut communities through individual representation, education and training, and systemic advocacy. I also submit this testimony as Director of the Center's *Medical-Legal Partnership*, an interdisciplinary collaboration between CCA and medical/clinical partners that seeks to root out health disparities and promote health equity through interdisciplinary interventions in Connecticut.

**We support the passage of Raised H.B. 6616, An Act Concerning Expansion of HUSKY Health Benefits to Those Ineligible Due To Immigration Status**

As a child advocates and attorneys, we believe that Raised H.B. 6616 is a critically important to finish the job that the legislature started last year – providing health insurance coverage through the state's Medicaid and HUSKY B programs to insure all the state's most vulnerable children and young adults, ages 13-25. As of January 1, 2023, Connecticut provides healthcare coverage to the state's most vulnerable, low-income children, including undocumented immigrant children, but only through the age of twelve. There is no logical reason why Connecticut should deny access to comprehensive health insurance coverage to the remaining and relatively small number of its young, vulnerable residents: children who have, for the most part, suffered adverse childhood experiences both in their country of origin and here in the United States due to their immigration status.<sup>1</sup>

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<sup>1</sup> Adverse Childhood Experiences ("ACE"), such as abuse or neglect, Adverse Childhood Experiences have been linked to risky health behaviors, chronic health conditions, low life potential, and early death. See Center for Disease Control and Prevention, Violence Prevention webpage at <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/aboutace.html>

**WHY:** In Connecticut, **HUSKY** coverage guarantees children the comprehensive health services they require, such as well-care check-ups, dental care, immunizations, prescriptions, and health screenings. Research shows that increase enrollment and access to Medicaid programs such as **HUSKY** will:

- **Increase the number of insured children who are eligible for preventative care** and thus provide screenings for physical and behavioral health that can spot problematic issues *before* acute consequences arise.
- **Decrease emergency department usage** for emergent and non-emergent care. Uninsured populations utilize emergency departments for actual emergencies and for non-acute issues that can easily be addressed in the traditional primary care setting.
- **Decrease hospital losses** due to uncompensated and unreimbursed care. Hospitals provided \$231.5 million of unreimbursed care and uncompensated care in FY2020.<sup>2</sup> Health insurance for this population reduces expensive, uncompensated emergency care, increases access to primary care and promotes early detection of chronic disease.
- **Improve educational outcomes.** Medicaid access not only improves health outcomes but also increases attendance in school. Children who benefit from Medicaid eligibility are much more likely to graduate from high school and more likely to take advantage of post-secondary educational opportunities and to graduate from college.<sup>34</sup>
- Expansion of coverage to the state's most vulnerable population will **also reduce racial and ethnic disparities** in coverage by increasing access to comprehensive care to children who have predominantly emigrated from Latin American, Asian and African countries.

**Who:** There are approximately 17,000 undocumented children and youth under the age of 19, many of whom are our clients and patients of our clinical partners across the state, who would benefit from the expansion of Medicaid and HUSKY B in Connecticut. **Based on the first month of HUSKY expansion, the state Department of Social Services reports that as of February 1, 2023, over 1700 children through the age of twelve, who would have previously been ineligible due to their immigration status, have enrolled in the state's HUSKY program.**<sup>5</sup>

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<sup>2</sup> Connecticut Hospital Assoc., Community Benefit Report (Feb. 2022), <https://www.cthosp.org/documents/pubreports/2022/2021%20Community%20Benefit%20Report%20Spread.pdf>.

<sup>3</sup> See, e.g., Nat'l Bureau of Economic Research, The Effect of Child Health Insurance Access on Schooling:

Evidence from Public Insurance Expansions 33 (2014),

[https://www.nber.org/system/files/working\\_papers/w20178/w20178.pdf](https://www.nber.org/system/files/working_papers/w20178/w20178.pdf) (concluding that there are "large effects of childhood Medicaid expansion on eventual educational outcomes" and finding "evidence that public health insurance expansions when children are of school age are closely linked with long-run educational attainment").

<sup>4</sup> Under the landmark United States Supreme Court ruling in *Plyler v. Doe*, the Court held that denying children of undocumented immigrants the right to attend public school constitutes discrimination based on alienage that violates the Equal Protection Clause of the Fourteenth Amendment.

<sup>5</sup> Email from Peter Hadler, Esq., Director of Program and Grant Administration, Connecticut Department of Social Services, to Jay Sicklick, sent February 2, 2023.

**How:** Connecticut should expand the state's Medicaid and HUSKY B programs to include all children otherwise eligible, including undocumented children and youth. While the Governor's budget, released last week, does not contain a line-item for covering children and youth ages 13-25, the cost of insuring this relatively healthy population is infinitesimally small compared to the proposed Department of Social Services budget of over \$550 million for the upcoming two fiscal years.<sup>6</sup>

Connecticut has been a national leader in expanding publically funded health insurance to its low-income population – first through its wholesale expansion of the HUSKY program in 1998 and then through its Medicaid expansion via the Affordable Care Act in 2010. The state should follow its own example by optimizing healthcare access by expanding eligibility for Medicaid (HUSKY A) and HUSKY B benefits to children and youth up through age 25 by passing H.R. 6616.

Respectfully submitted,

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<sup>6</sup> Governor Lamont's biennial budget at p. B-62. [https://portal.ct.gov/-/media/OPM/Budget/2024\\_2025\\_Biennial\\_Budget/Budget\\_WebPage/GovBudget\\_2024-25\\_Final-Web-Version.pdf](https://portal.ct.gov/-/media/OPM/Budget/2024_2025_Biennial_Budget/Budget_WebPage/GovBudget_2024-25_Final-Web-Version.pdf)